

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/578,198

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1, 2					53						
4		2					54						
5		2					55	1					
6		2					56		1				
7		7					57		2				
8		7					58		2				
9		7					59		2				
10		7					60		2				
11		7					61		2				
12		7					62		2				
13		7					63		2				
14		7					64		2				
15		7					65		2				
16		7					66		2				
17		7					67		2				
18		7					68		2				
19		7					69		2				
20		1					70		2				
21		1					71		2				
22		3					72		2				
23		3					73		2				
24		3					74		2				
25		3					75		2				
26		3					76		2				
27		3					77		2				
28		3					78		2				
29		3					79		2				
30		3					80		2				
31		3					81		2				
32		3					82		2				
33		3					83		2				
34		3					84		2				
35		3					85		2				
36		3					86		2				
37		3					87		2				
38		3					88		2				
39		3					89		2				
40		3					90		2				
41		3					91		2				
42		3					92		2				
43		3					93		2				
44		3					94		2				
45		3					95		2				
46		3					96		2				
47		3					97		2				
48		3					98		2				
49		3					99		2				
50		3					100		2				
TOTAL IND.							TOTAL IND.	5					
TOTAL DEP.							TOTAL DEP.	40					
TOTAL CLAIMS							TOTAL CLAIMS	45					

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